

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

WORKERS FOR A BETTER HAWAII(b) Address (number and street) ☐ check if different than previously reported
888 MILILANI STREET SUITE 601(c) City, State and ZIP Code
HONOLULU

HI 96813

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001564**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2010

through

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2010**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2010(b) Communication Title RADIO ADS**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒ No ☐**8. Custodian of Records**

(a) Name

MAUREEN WAKUZAWA

(b) Address (number and street)

888 MILILANI STREET SUITE 601

(c) City, State and ZIP Code

HONOLULU

HI 96813

(d) Name of Employer or Principal Place of Business

HAWAII GOVERNMENT EMPLOYEES ASSN

(e) Occupation

CONTROLLER

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 31413.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

DEREK MIZUNO

SIGNATURE DEREK MIZUNO

[Electronically Filed]

DATE

12/13/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.